

May 12, 2006

Administrative Closure Memorandum
Fargo Congressional Hotline 2006-01587-HI-0317

1. Senator Conrad expressed concern that a veteran was not receiving the proper medical evaluation and care in Fargo, North Dakota. Mr. [] the veteran of concern is a disabled service connected veteran who receives his primary care from a non-VA primary care physician on a fee for service basis. The attached briefing, dated April 6, 2006 from the OHI Kansas City office, address the major issues of concern in this case. (b)(3):38 U.S.C. 5701.(b)(6)
2. I have discussed this case with the leadership of the Fargo VA and Mr. Hand, from Senator Conrad's office in North Dakota, and we have collectively agreed that the most appropriate action in this situation is for the Fargo VA officials to work with the primary care provider to ensure that Mr. [] obtains appropriate evaluation and care. Mr. Hand and I agree that a formal report will be of little use in this case and thus this hotline will be administratively closed. (b)(3):38 U.S.C. 5701.(b)(6)
3. Mr. Hand will be kept informed of relevant issues by the Fargo VA facility, and is encouraged to contact my office should the need arise.
4. This hotline is administratively closed without a published report.

John D. Daigh, Jr., M.D.
John D. Daigh, Jr., M.D.
Assistant Inspector General
for Healthcare Inspections

To: David Daigh, M.D.
From: Virginia Solana, Director Kansas City Regional Office
Dorothy Duncan, Associate Director Kansas City Regional Office
Subject: Briefing Fargo Congressional Hotline 2006-01587-HJ-0317
Date: April 6, 2006

Background: The patient wrote a letter to his Congressman alleging that he was not receiving the care he deserved. The details of his complaints are addressed below.

We conducted a site visit at the Fargo VAMC on March 29-31, 2006. We visited the patient at his home in Grand Forks, ND on March 30. The patient is a [redacted] year-old, unemployed, obese male who lives with his mother. The patient has a long history of complaints. During our interview, the patient showed us grocery bags full of audiocassette tapes that he said contained recorded conversations with VA staff. He told us that he had contacted the ND Attorney General who told him he did not have to have permission to tape employees. He had a tape recorder on the table during our conversation. The patient's mother was present during our interview but contributed little. There were stacks of papers, appeals, and correspondence that the patient wanted to review with us. Most of it concerned medical complaints, pension appeals, and perceived problems with the VA. He told us the Minneapolis VAMC killed his brother. He explained that his brother was diabetic and was NPO for a test and they had withheld his insulin, ultimately causing his death.

(b)(3) 38 U.S.C.
5701.(b)(6)

During our interview, it was very difficult to focus the patient on current issues. He expressed discontent with the Fargo VAMC Director. The director had been the combined medical center/regional office director, before the positions were separated. The Fargo VAMC had assigned the Business Office manager as the patient's one point of contact and instructed the patient not to call the patient representative for complaints.

When we would not address issues outside the hotline with the patient, he became angry, told us we were no different from others, and wondered why we were there. He told us he was obsessive compulsive, and that fighting the VA had become his life. When asked what his expectations were of our review, he stated that he wanted all of his medical care provided on a fee basis and that the VA should pay for everything that he wanted. When asked if that would make him happy, he stated that he would never be happy with anything that the VA did for him. He was very fixed in his beliefs and was not open to discussion or trial of anything offered.

Hotline Issues:

1. Weight loss

In 2001, the Fargo VAMC referred the patient to the Minneapolis VAMC for a weight loss program. The patient did not participate due to distance and transportation. Since that time he has been approved for fee basis treatment and seen a private physician, Dr. [redacted] in his home town of Grand Forks, ND (75 miles north of Fargo). Fargo VAMC

(b)(6)

has initiated a new weight loss program based on a national initiative that started January 2006. Patients can do 1 of 2 level options, self-help program or program with 1 meeting/month at Fargo VAMC. Patients must be in the program for 1 year before they will be considered for bariatric by-pass surgery, which is performed at the Omaha VAMC. We provided the patient information on the Fargo program and gave him the name of the contact person. We told him he was approved to participate in either of the program levels.

Patient response/reaction: The patient does not trust VA to administer any care. He wants to go to a weight loss program/lap band surgery in Grand Forks and have VA pay for it.

2. Meridia RX

The patient's fee basis physician has prescribed non-formulary Meridia for several years. The patient has had no weight loss, but stated he has no weight gain. Fargo VAMC has approved Meridia for the patient through July 2006. At that time, his fee basis MD must submit rationale and need for the drug in order to continue therapy. Fargo VAMC pharmacists and physicians are concerned because the patient has pulmonary hypertension and Meridia is contraindicated with this condition. Meridia is part of the national MOVE program. Fargo does not currently have this step of the program implemented. However, the program physician told us he would consider prescribing the drug for patients who met criteria and showed weight loss with its use.

Patient response/reaction: The patient stated this is a set-up for him to have Meridia discontinued. He states he has not lost weight, or gained weight while on the drug. He wants to continue Meridia and have VA pay for it. He states the drug is not contraindicated for pulmonary hypertension and that the drug companies would never keep a dangerous drug on the market after the issues with Phentermine.

3. Service Connected (SC) rating

The patient has a combined SC rating of 70 percent (50 percent sleep apnea syndrome, 30 percent neuroses, and 10 percent chronic sinusitis), but is receiving compensation equal to 100 percent due to individual unemployability. The patient currently receives monetary compensation equal to 100 percent SC (\$2,393/month vs. \$1,099/month for 70 percent SC). Medical administrative staff at the Fargo Regional Office told us the patient had not returned the form signifying that he had not worked for the previous 12 months. The day we left the facility, they had received the form and an appeal from the patient since he thought his funds were being discontinued.

Patient response/reaction: The patient categorically states the 70 percent rating is wrong. He states he has asked for a copy of the rating and his requests have been denied. We provided documentation from the Regional Office showing his 70 percent rating determination. We explained the difference between SC and individual

unemployability information but the patient was unable/unwilling to accept our explanations. We gave him the toll free number for assistance with disability and pension benefits, ratings, and/or appeals.

4. Payment of bills

We asked the administrative office to verify receipt and payments of bills listed in the patient's letter. The Fargo VAMC Business Office staff told us there has been a problem with late payments. This happened because they had almost a complete staff turnover in the last three years due to trained staff leaving for higher grades at the Regional Office. A new supervisor put an aggressive plan in place to meet VA regulations and clean up the backlog. We verified that all the patient's bills were paid except for one outstanding bill to his fee basis MD. We were told this would be paid by the end of April. The patient is authorized to see his fee basis MD and psychologist once a month. The patient has ER bills that have been denied based on medical necessity review. The patient went to the ER for a Flonase refill and the Fargo VAMC determined he was not in acute distress and could have gone through his fee basis MD.

We validated that payments to his caregivers had been late. There is no clinical person reviewing claims at this time, unless private insurance is involved.

Patient response/reaction: The patient told us that late payments have caused him stress, and that his MD should not have to wait for payments. He said that even though he is authorized, he is not seeing his MD or psychiatrist on a monthly basis. He told us that he went to the ER because without Flonase, his breathing problems were exacerbated and he could not use his CPAP apparatus. He also told us that he contacted the Fargo VAMC patient representative (the person he states he was instructed to contact) for prior approval but his calls were not returned.

We suggested that the UM staff be consulted in the approval/denial process for clinical claims. We also suggested that the facility, the Congressional Office, the patient's fee basis providers, and the patient meet to develop a signed treatment plan of care.

5. Tape recording of IG

We asked the patient to have the tape recording available for us to listen to when we came for his interview. Despite this, he was unable to produce the tape during our visit to Grand Forks. He told us the tape was not immediately available but he would mail it to us. We gave him our business card with address and asked him to mail it as soon as possible. We called the patient on April 6, 2006 to again request that he mail us the tape for our records.

Patient response/reaction: On April 4, 2006, the patient called our office and left a phone message stating he would play the tape over the phone for us to hear. He alleges Dr. Spencer, "the VA Inspector General", was laughing at him when he called in his complaint. He also stated that he was only prepared to discuss medical issues when we

visited and didn't have the tape available. He stated he did not want our report to reflect that the tape could not be produced during our visit and therefore not addressed in the report.



DEPARTMENT OF VETERANS AFFAIRS
INSPECTOR GENERAL
WASHINGTON DC 20420

MAR 10 2006

The Honorable Kent Conrad
Federal Building
102 North 4th Street, Suite 104
Grand Forks, ND 58203-3738

Dear Senator Conrad:

(b)(6) This is in response to your letter dated March 2, 2006, to Dr. John D. Daigh on behalf of Mr. [REDACTED] concerning many problems with his care at the Department of Veterans (VA) Medical/Regional Office Center, Fargo, North Dakota.

(b)(6) In Mr. [REDACTED] letter of January 20, 2006 [sent to Senator Conrad], he states that he spoke to the VA's Inspector General, at the conclusion of which "you can hear both him and his assistant laughing and making jokes about our conversation." I have been the VA's Inspector General since November 17, 2005, and I have had (b)(6) no conversation with Mr. [REDACTED]. Our normal practice is for all incoming complaints to go through our OIG Hotline (at 1-800-488-8244). We have researched our database and find no Hotline cases was opened on Mr. [REDACTED] concerns; nor do (b)(6) we find any evidence of anyone who identified themselves by that name contacting our Hotline.

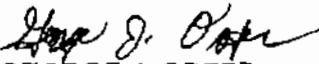
(b)(6) My office will review Mr. [REDACTED] medical concerns under Office of Inspector General Case Number 2006 HL-0481. It would be helpful if your staff refers to this case number in future correspondence. Once my office has concluded the review, we will share our findings with you.

Future requests should be sent directly to the following OIG address, which will ensure a more timely response:

Mr. George J. Opfer, Inspector General
Department of Veterans Affairs
P.O. Box 50410
Washington, DC 20091-0410

Thank you for your interest in the Department of Veterans Affairs.

Sincerely,


GEORGE J. OPFER

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United States Senate

March 2, 2006

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John D. Daigh, Jr., MD
Assistant Inspector General
Office of Healthcare Inspections
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420-0001

Dear Dr. Daigh:

(b)(6) I am writing on behalf of [redacted] a veteran from Grand Forks, North Dakota. He has been in touch with your office's hotline before and an effort was made by your office to contact the Fargo VA Medical Center on his behalf. Unfortunately, the problems were not resolved. When Mr. [redacted] phoned back to the hotline to state his dissatisfaction with the results of the inquiry, he felt he was mocked and his concerns were not taken seriously. He believes this was because of contact between hotline staff and Fargo VA staff, who he believes do not take his concerns seriously or may even hinder handling of his requests.

(b)(6) Some people may perceive Mr. [redacted] as a "problem" veteran. However, from his perspective, he has been repeatedly stymied in his attempts to resolve problems with the VA. This has left him frustrated; he is often argumentative. Part of his rated disability is psychological, yet his psychologist reports that most of Mr. [redacted] stress seems to involve dealing with the VA. He feels he does not get the medical services he needs in a timely fashion. He has been critical of the Fargo VA staff and it is probably fair to say that many staff there know who he is without having to look up his file. It's probably also fair to say that some do not look forward to contact with him. He has been on a fee basis for some time, mostly obtaining care outside the VA system at facilities in Grand Forks, in part because furnishing services to him in Fargo proved problematic for all concerned. That said, services that have been authorized for him are not enough to fully address his medical needs. He has been required to have most services pre-authorized, which has sometimes, though not always, been slow or difficult.

(b)(6) His private physician, Dr. [redacted] had sent summaries of his concerns about Mr. [redacted] treatment to the VA, with no response. Recently, Dr. [redacted] wrote to me, spelling out his concerns. His letters are enclosed. Also enclosed is an inquiry from the veteran that documents his concerns, with extensive exhibits. At Mr. [redacted] request, I waited to forward Dr. [redacted] concerns while Mr. [redacted] assembled the documents he thought were needed to illustrate these issues.

I am aware that there has been considerable effort put into trying to address Ms. [redacted] issues. There has been considerable effort in this regard on the part of my staff, too. However, Dr. [redacted] letter shows these efforts are falling short of getting him the care he needs.

(b)(3):38 U.S.C. 5701.(b)(6) For example, Mr. [] has been seeking help with weight loss. The VA has denied coverage for medication (Meridia) that Dr. [] has prescribed, but has approved his seeing Dr. [] for (b)(6) weight loss. Mr. [] has been offered participation in a weekly weight reduction program in Minneapolis (a round trip of over 650 miles that takes 10 hours by automobile), but he has not had weight reduction programs authorized for him on a fee basis in Grand Forks, where the program would be reasonably accessible. Dr. [] outlines this and other concerns about this veteran's medical care.


(b)(3):38 U.S.C. 5701.(b)(6) Mr. [] is concerned that bureaucratic barriers interfere with his care. An example is service connection questions for certain medical conditions. Service connection for obesity seems to have been decided in 1995, but the issue gets raised again and again, resulting in questions about what treatment can be provided. Mr. [] says service connection for pulmonary hypertension has been acknowledged to him personally by his VA doctor as caused by his service-connected sleep apnea, but the connection has not been documented or officially acknowledged in his record. The service connection issue gets appealed (with all the attendant delay) and, meanwhile, some care is not provided. Mr. [] has been characterized by the VA at times as a 70% service-connected veteran and at other times as a 100% service-connected veteran; this, at times, seems to affect his entitlement to care.

(b)(3):38 U.S.C. 5701.(b)(6) Another concern is the slowness of payment on some medical bills -- for care that is pre-authorized. Mr. [] worries that slow payment by the VA could make some providers unwilling to continue seeing him for non-emergency care.

(b)(3):38 U.S.C. 5701.(b)(6) I would appreciate your seeing that these matters are reviewed with an eye toward getting Mr. [] the care he needs, with treatment that stands a meaningful chance of working for him. I hope a plan can be worked out to see that all of Mr. [] existing medical needs are addressed promptly. I also hope that your office will continue to be involved in seeing that this case gets the attention it requires until the VA has clearly identified Mr. [] existing medical needs and until a plan is made and effected to address each of them. Even if Mr. [] is considered difficult to deal with, he should still be able to obtain care to which the law says he is entitled. (b)(3):38 U.S.C. 5701.(b)(6) (b)(3):38 U.S.C. 5701.(b)(6) (b)(3):38 U.S.C. 5701.(b)(6)

I shall look forward to hearing from you. Please direct a copy of your response to my Grand Forks office. Jim Hand of my staff in Grand Forks would be happy to pursue any questions or issues that need further explanation in connection with this inquiry. Thank you for your consideration of, and assistance with, this matter.

Sincerely,


KENT CONRAD
United States Senate

KC:gh